



2018 Medical Comparison

	Cigna Limited Network	Cigna Open Access	Consumer-Driven Health Plan		Retirees of Texas Option Plus
			In-network	Out-of-network	
Bi-weekly contributions for employees with all discounts applied*					
Employee only	\$31.17	\$55.71	\$20.67		N/A
Employee + children	\$93.50	\$167.11	\$62.07		N/A
Employee + spouse	\$124.68	\$222.83	\$82.76		N/A
Employee + family	\$187.01	\$334.24	\$124.15		N/A
Monthly contributions for all retirees under age 65 who are not Medicare-eligible					
Retiree only	\$368.45	\$614.08	\$307.04		\$614.08
Retiree + children	\$589.52	\$982.57	\$491.27		\$982.57
Retiree + spouse	\$957.96	\$1,513.73	\$798.33		\$1,513.73
Retiree + family	\$1,179.04	\$1,876.72	\$982.57		\$1,876.72
Plan basics					
Health Reimbursement Account	No	No	City contributes \$500 per individual/\$1,000 per family per plan year		No
Lifetime maximum	Unlimited per individual	Unlimited per individual	Unlimited per individual		Unlimited per individual
Coinsurance	No	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No
Plan year deductible for Medical services	Individual \$150 Family \$450	Individual \$750 Family \$1,500	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$150 Family \$450
Plan year out-of-pocket max (includes deductibles, coinsurance and copayments)	Individual \$4,500 Family \$9,000 <small>The family maximum is met when copayments for all covered family members reach \$9,000 with no single family member meeting more than \$4,500.</small>	Individual \$6,840 Family \$13,700 <small>The family maximum is met when copayments for all covered family members reach \$13,700 except that no single family member shall meet more than \$6,840.</small>	Individual \$6,840 Family \$13,700 <small>The family maximum is met when coinsurance for all covered family members reach \$13,700 except that no single family member shall meet more than \$6,840.</small>	Individual \$12,000 Family \$24,000 <small>The family maximum is met when coinsurance for all covered family members reach \$24,000 except that no single family member shall meet more than \$12,000.</small>	Individual \$4,500 Family \$9,000 <small>The family maximum is met when copayments for all covered family members reach \$9000 with no single family member meeting more than \$4,500.</small>
Office visits					
Office visit copayment Specialist copayment applies to OB/GYN physician Surgery performed in a physician’s office	Primary Care Physician You pay \$35 per visit Specialist You pay \$65 per visit	Primary Care Physician You pay \$40 per visit CCN Specialist You pay \$65 per visit Non-CCN Specialist You pay \$80 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$35 per visit Specialist You pay \$65 per visit
Preventive services					
Routine preventive services for children, Immunizations, Well-woman and well-man exam, Mammogram, PSA, Pap Smear, Colonoscopy	No charge	No charge	No charge	You pay 40% Plan pays 60% after the deductible is met	No charge
Inpatient hospital facility services					
Semi-private room and board and other non-physician services	\$600 copayment per day (\$2,400 per participant per plan year maximum)	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$600 copayment per day (\$2,400 per participant per plan year maximum)
Outpatient services					
Outpatient surgery (facility services)	\$350 copayment per procedure (\$700 per participant per plan year maximum)	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$350 copayment per procedure (\$700 per participant per plan year maximum)
Physical, occupational, cognitive and speech therapy	Primary Care Physician You pay \$35 per visit Specialist You pay \$65 per visit	Primary Care Physician You pay \$40 per visit CCN Specialist You pay \$65 per visit Non-CCN Specialist You pay \$80 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$35 per visit Specialist You pay \$65 per visit
Emergency and urgent care services					
Hospital emergency room	No charge after \$400 per visit copayment (copayment waived if admitted)	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$400 per visit copayment (copayment waived if admitted)
Ambulance	You pay \$100 copayment	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$100 per day copayment
Urgent care services	You pay \$65 copayment per visit (copayment NOT waived if admitted)	You pay \$75 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge after \$65 per day copayment (copayment NOT waived if admitted)

Note: *Each year, employees who engage in healthy activities are given opportunities for saving on their medical plan rates. Employees and covered dependents who do not use tobacco products save \$12.50 per paycheck. Employees who complete the city's two-step wellness program save \$25 per paycheck. Covered spouses who complete the city's two-step wellness program save \$12.50 per paycheck.



CONTACT INFORMATION

Human Resources Benefits Services: 832-393-6000 or 888-205-9266 | benefits@houstontx.gov | cityofhoustonbenefits.org

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		Cigna Limited Network	Cigna Open Access	Consumer-Driven Health Plan		Retirees of Texas Option Plus
				In-network	Out-of-network	
Lab and X-ray						
Lab and X-ray • Physician's office		Primary Care Physician You pay \$35 per visit	Primary Care Physician You pay \$40 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$35 per visit
		Specialist You pay \$65 per visit	CCN Specialist You pay \$65 per visit Non-CCN Specialist You pay \$80 per visit			Specialist You pay \$65 per visit
• Outpatient hospital facility • Independent lab facility • Independent x-ray and/or lab facility as part of an ER visit		No charge	You pay 30% Plan pays 70% after the deductible is met			No charge
Advanced radiological imaging MRI, MRA, CT Scan, PET Scan, etc.		\$100 co-pay per type of scan per day	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$100 co-pay per type of scan per day
• Inpatient facility		Covered under Inpatient Hospital Facility Services				Covered under Inpatient Hospital Facility Services
• Outpatient facility • Emergency room		\$100 co-pay per type of scan per day				\$100 co-pay per type of scan per day
Mental health and substance abuse services						
Inpatient facility		\$600 copayment per day (\$2,400 per participant per plan year maximum)	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$600 copayment per day (\$2,400 per participant per plan year maximum)
Outpatient facility or physician's office		100% after \$35 per visit copayment	Physicians Office 100% after \$40 per visit copayment	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	100% after \$35 per visit copayment
			Outpatient Facility You pay 30% Plan pays 70% after the deductible is met			
Other health care services/facilities						
Vision care • Annual (Plan Year) Exam • Materials - frames, lenses		Not covered - Must enroll in separate Vision plan	Not covered - Must enroll in separate Vision plan	Not covered Must enroll in separate Vision plan		Not covered - Must enroll in separate Vision plan
Allergy treatment/injections		You pay the lesser of \$35 PCP or \$65 Specialist copayment or actual charge	Primary Care Physician You pay \$40 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	You pay the lesser of \$35 PCP or \$65 Specialist copayment or actual charge
			CCN Specialist You pay \$65 per visit Non-CCN Specialist You pay \$80 per visit			
Allergy serum (dispensed by the physician in the office)		No charge	No charge			No charge
Other health care services/facilities continued						
Maternity care services • Initial visit to confirm pregnancy (OB/GYN) is a specialist		Primary Care Physician You pay \$35 per visit	Primary Care Physician You pay \$40 per visit	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	Primary Care Physician You pay \$35 per visit
		Specialist You pay \$65 per visit	CCN Specialist You pay \$65 per visit Non-CCN Specialist You pay \$80 per visit			Specialist You pay \$65 per visit
• All subsequent prenatal visits, postnatal visits and physician's delivery charges		No charge	You pay 30% Plan pays 70% after the deductible is met			No charge
• Delivery - facility		\$600 copayment per day (\$2,400 per participant per plan year maximum)				
Skilled nursing facility, rehabilitation hospital and other facilities (60 day plan year maximum)		No charge	You pay 30% Plan pays 70% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	\$600 copayment per day (\$2,400 per participant per plan year maximum)
Home health care (60 day plan year/16 hrs per day maximum)		No charge				No charge
Hospice		No charge	You pay 30% Plan pays 70% No deductible	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met	No charge
Prescription benefits						
Prescription deductible		\$100 individual/\$300 family	No	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		\$100 individual/\$300 family
30-day supply at a participating pharmacy	Generic	\$10 or cost	\$10 or cost	You pay 20% Plan pays 80% after the deductible is met Specialty medications are 30-day supply only	You pay 60% Plan pays 40% after the deductible is met	\$10 or cost
	Preferred	\$45	20% (\$45 min/\$100 max)			\$45
	Non-preferred	\$60	40% (\$55 min/\$150 max)			\$60
	Specialty	\$100 only	40% (\$100 min/\$300 max) only			\$100 only
90-day supply at a participating pharmacy or CIGNA Home Delivery	Generic	\$30 (\$25 home delivery)	\$25			\$30 (\$25 home delivery)
	Preferred	\$135 (\$113 home delivery)	20% (\$113 min/\$250 max)			\$135 (\$113 home delivery)
	Non-preferred	\$180 (\$150 home delivery)	40% (\$138 min/\$375 max)			\$180 (\$150 home delivery)
	Specialty	N/A	N/A			N/A
Free mail-order prescriptions through Cigna Home Delivery Pharmacy		Free prescriptions include: Generic and brand-name asthma medications, generic cardiovascular and high blood pressure medications, preferred-brand diabetic test strips, brand name insulin, generic diabetic medications and generic cholesterol medications. Call Cigna Home Delivery Pharmacy at 800-285-4812 to get a three-month supply of these medications delivered to your home for \$0 copayment.				

Note: If there exists a conflict between this comparison and the official plan documents for each plan, the official plan documents will prevail. The City of Houston reserves the right to change, modify, increase or terminate any benefits.



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